OLP E 4200 B

TRANSMITTAL FORM  (to be used for all correspondence after initial to	Application Number  Filing Date  First Named Inventor  Art Unit  Examiner Name	ollection of information unless it displays a valid OMB control number 10/720,600  November 24, 2003  Paul S. Changelian 1624  V. Balasubramanian  PC25530A			
ENCLOSURES (Check all that apply)					
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attorney, Revocatic Change of Correspondence  ▼ Terminal Disclaimer Request for Refund  CD, Number of CD(s)  Landscape Table on Company  Remarks  Total number of pages not including	Address Status Letter Other Enclosure(s) (please Identify below):			
SIGNA SIGNA	TURE OF APPLICANT, ATTO	DRNEY, OR AGENT			
Firm Name  Pfizer Inc.  Signature  Printed name  Christopher J. Verni  Date  Date		Reg. No. 48,322			
I hereby certify that this correspondence is be		TO or deposited with the United States Postal Service with or Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (07-06) Approved for use through 01/31/2007. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE ork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Effective on 12/08/2004. Complete if Known suant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/720,600 Application Number FEE TRANSMITTA Filing Date November 24, 2003 For FY 2006 First Named Inventor Paul S. Changelian **Examiner Name** V. Balasubramanian Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1624 TOTAL AMOUNT OF PAYMENT 610.00 Attorney Docket No. PC25530A METHOD OF PAYMENT (check all that apply) Credit Card Money Order None Other (please identify): ✓ Deposit Account Deposit Account Number: 16-1445 Deposit Account Name: Pfizer Inc. For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **EXAMINATION FEES FILING FEES** SEARCH FEES **Small Entity Small Entity** Small Entity **Application Type** Fee (\$) Fee (\$) Fee (\$) Fees Paid (\$) Fee (\$) Fee (\$) Fee (\$) Utility 300 150 500 200 250 100 Design 200 100 100 130 50 65 Plant 200 100 300 150 160 80 Reissue 300 150 500 600 250 300 Provisional 200 100 0 n 0 2. EXCESS CLAIM FEES **Small Entity** Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 50 25 Each independent claim over 3 (including Reissues) 200 100 Multiple dependent claims 360 180 **Total Claims Extra Claims** Fee Paid (\$) **Multiple Dependent Claims** Fee (\$) - 20 or HP = 50 Fee (\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20. Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Number of each additional 50 or fraction thereof Total Sheets Extra Sheets Fee (\$) Fee Paid (\$) \_\_ (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): IDS 37 CFR 1.17 (c) - Disclaimer 37 CFR 1.20 (d) 310

SUBMITTED BY	A A see		
Signature	1 Suffer	Registration No. (Attorney/Agent) 48,322	Telephone 860-686-2032
Name (Print/Type)	Christopher J. Verni		Date November 29,2006

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.